(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 17 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _	Martha Wood		
II. Name of lobbyist's pa	artnership, firm or corporation,	if any:	
Teachers Insurance	e and Annuity Association (ΓΙΑΑ)	
	f partnership, firm or corporation)		
730 Third Avenue	New Yor	rk N.Y.	10017
Business Address: (Street) (Town/Cit	y) (State)	(Zip Code)
(212) 916-6232	()	e-mail m	lwood@tiaa.org
(Telephone)		(Fax)	
	rs: (Choose one – file separate r sactions which are not attributa		you may file a separate report for
X All reportable transac	tions occurring in the months pric	or to the reporting date relative	ve to the following client:
Teachers Insuranc	e and Annuity Association (TIAA)	
	Full Name of Client as it appears on the	ne Lobbyist Registration Form)	
OR	to and to sale of the total Construction with	- labbridet's family) an tha l	shhuing firm ligted helesy which are
unrelated to any particula		e loodyist s lamily), or the to	obbying firm listed below which are
	April 25, 2018 🔯 from date of registration to 3/31/18	July 25, 2018 activity from 4/1/18 to	
	October 31, 2018 ivity from 7/1/18 to 9/30/18	January 30, 20 activity from 10/1/18 t	
V. There have been not lf this box is checked, con Concord, NH 03301.	o fees received and no report nplete just this form and submit it	able transactions made s to the Secretary of State's C	since the last report. \(\overline{\text{X}}\) Office, State House, Room 204,
VI. Check if additional	reports are attached:		
☐ If you have received	fees or made expenditures, you m		
Expense Reimbursement			
☐ If you, your firm, or	your family has made political co	ntributions, you must file Ac	ddendum C- Political Contributions
(Signature of lobbyist)	mation by Lobbyist A 15-B, RSA 14-C and RSA 664 a of my knowledge and belief.		hat the foregoing information is true b 18
Martha Wood			